

HIV Postexposure Prophylaxis Consent Form*Instructions:*

First review both of the following attachments to the MSRM "Bloodborne Pathogen (BBP) Exposure Management":

- Attachment G: "Information Sheet: When you are considering PEP"

Your physician will advise you regarding consideration of the use of the medications for prophylaxis to reduce the risk of infection after exposure to HIV. These medications work by reducing the growth of HIV, and have been shown to prevent infection in some cases.

Whether or not you decide to use these medications, you still need to be evaluated by your physician and have your blood tested periodically for at least six months.

Sign one of the boxes below to indicate your decision.

CONSENT

I **DO** wish to take the HIV medications as prescribed by my physician. I have read the medication information and understand the benefits and risks of these medications.

Print your name

Sign your name

Date

DECLINE

I do **NOT** wish to take the HIV medications as prescribed by my physician. I have read the medication information and understand the benefits and risks of these medications.

Print your name

Sign your name

Date

Qualified Health Care Professional

Date